

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 307357

FILED
May 19, 2008
Secretary of State

Entity Name: MILDRED HOIT, INCORPORATED

Current Principal Place of Business:

265 SUNRISE AVENUE
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

265 SUNRISE AVENUE
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-1149398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUSHEE, MARY
265 SUNRISE AVENUE
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: KOONTZ, FLORENCE,
Address: 232 LA PUERTA WAY
City-St-Zip: PALM BEACH, FL 33480

Title: DP () Delete
Name: GUSHEE, MARY
Address: 265 SUNRISE AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: STD () Delete
Name: CONKLIN, CHERYL
Address: 6372 197 PLACE N
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: GUSHEE, STEPHEN
Address: 265 SUNRISE AVE
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: COAKLEY, GAEL
Address: 265 SUNRISE AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CONKLIN, CHERYL
Address: 6372 197 PLACE N
City-St-Zip: JUPITER, FL 33458

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: DAVIS, LEIANN S
Address: 265 SUNRISE AVE
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY GUSHEE

P

05/19/2008

Electronic Signature of Signing Officer or Director

Date